

## Adult Attendant Care Services (21 and over)

**Definition:** Assistance related to the performance of activities of daily living and/or instrumental activities of daily living and personal care which may include hands-on care, of both a medical and non-medical supportive and health-related nature, specific to the needs of a medically stable adult with physical and/or cognitive disabilities who is able to self-direct his/her own care or has a representative that is able to direct his/her care. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by state law. Housekeeping activities provided under Adult Attendant Care are specified in the Support Plan and are incidental to the care furnished, or are essential to the health and welfare of the participant. Any community access activities must be directly related to the participant's care and must be specified in the Support Plan. Transportation is not a component of this service.

The unit of service is one hour, provided by one Adult Attendant Care Aide.

**Service Limits:** Adult Attendant Care Services are limited to a maximum of 28 hours per week, based on SCDDSN assessed need. When Adult Attendant Care is authorized in conjunction with Adult Companion and/or Personal Care 2, the combined total hours per week of services may not exceed 28. However, the limits may be exceeded if applying the limits would create a substantial risk that the participant would no longer be able to live in the community, but would, because of the limit in services, have to be institutionalized. A week is defined as Sunday through Saturday. Unused units from one week cannot be banked (i.e. held in reserve) for use during a later week.

**Providers:** Adult Attendant Care Services may be provided by independent attendants approved through the UAP Self-directed Attendant Care Program. The participant must be given a list of approved providers to choose from for the service requested. Offering a choice of provider and the provider selected must be documented in the case notes.

Relatives/family members of a waiver participant may be paid to provide Adult Attendant Care Services only as specified in DDSN policy 736-01-DD.

*A by-product of the provision of these services by those outside of the Waiver participant's home is that it affords the primary caregiver some relief or break from the responsibilities of care giving. A family member who is also a primary caregiver and who opts to be paid for a portion of the care/service he/she provides, will not also be authorized to receive additional respite services. The need for respite in these situations will be assessed as if the care/service were being provided by a non-family or non-primary caregiver.*

### **Conflict Free Case Management**

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

**Arranging for and Authorizing Services:** If the Waiver Case Manager determines that a waiver participant is in need of Adult Attendant Care Services, the Waiver Case Manager should discuss self-directed and/or responsible party care with the participant/representative. To assess the need for Adult Attendant Care Services, the Waiver Case Manager must complete the DDSN Personal Care/Attendant Care Assessment prior to authorizing the service and annually face to face for the duration of the service to be included with the Annual Assessment and as changes/updates are requested.

Once Adult Attendant Care Services are chosen and the amount, frequency and duration of the services are determined based on the assessment. The Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division. Since the plan drives the services, if the participant is already receiving Personal Care II and/or Adult Companion services, the Attendant must be approved by UAP to provide Attendant Care services prior to requesting the service be added to the plan. If they are not currently receiving PCII or Adult Companion they should request the service be added to the plan prior to UAP approval. When the service is approved, the Waiver Case Manager will make a referral (**not authorize services**) to the UAP Self-directed Attendant Care Program. In order to make the referral the Prescreening for Adult Attendant Care Services form should be completed. Once completed this form is sent to UAP at the address below.

As a part of the minimum qualifications, an attendant must receive training and be certified in basic First Aid prior to the provision of Adult Attendant Care Services. The attendant must also receive refresher training every three (3) years. The Waiver Case Manager and participant/representative will aid the potential attendant in locating an acceptable First Aid training program, and the attendant will demonstrate competency. Once the training is completed, the Waiver Case Manager will notify UAP and provide documentation that the requirement has been met.

**Note: A checklist of required forms (and who is responsible for obtaining them) is available in business tools titled “Attendant Care Checklist”.**

Once an attendant is located and UAP has approved the “match,” Adult Attendant Care Services can be authorized. An electronic authorization must be completed via Therap. The authorization is made out to the attendant, not to UAP.

The Waiver Case Manager will also provide a copy to the participant/representative, to the attendant and to SCDDSN, Director, Cost Analysis. Upon receipt of the authorization, the attendant is authorized to provide the service.

The number of units (one unit = one hour provided by one attendant) authorized is based on the participant’s needs, as assessed by SCDDSN. The Waiver Case Manager will authorize the total units for the week (DDSN defines a week as Sunday through Saturday), and the participant/representative and attendant are responsible for negotiating the times of service. When more than one attendant is authorized to provide services, each of them will be authorized for the full number of units needed, as specified on the **DDSN Personal Care/Attendant Care Needs Assessment**. The participant/representative will schedule services with the attendant(s), ensuring that the total combined units of service provided by all authorized attendants do not exceed the number of units specified on the **DDSN Personal Care/Attendant Care Needs Assessment**. The Waiver Case Manager will inform the participant and the attendant(s) that reporting services in excess of the number of units authorized will result in non-payment.

**Monitoring Services:** The Waiver Case Manager must monitor the service for effectiveness, usefulness and participant satisfaction. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following guidelines should be followed when monitoring Adult Attendant Care Services:

- Monitoring should be conducted on-site at least once annually (i.e. within 365 days of the previous on-site monitoring).

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some questions to consider during monitoring include:

- Do the attendant care time sheets indicate that services are provided as authorized?
- Are all applicable services/tasks being provided as planned?
- Does the attendant show the participant courtesy and respect?
- Has the participant's health status changed since your last contact? If so, does the service need to continue at the level at which it has been authorized?
- Is the participant/representative pleased with the service being provided, or is assistance needed in obtaining a new provider?
- Does the participant/representative feel that the provider is responsive to the participant's needs?
- Does the participant/representative feel that there is a good relationship with the attendant?

**Reduction, Suspension or Termination of Services:** If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for reconsideration, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See Chapter 9 for specific details and procedures regarding written notification and the reconsideration/appeals process.